

Joint area review

Surrey Children's Services Authority Area

Review of services for children and young people

Audit Commission
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Prisons
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Introduction

1. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk, or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
2. The following investigation was also carried out:
 - the impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas.

Context

3. Surrey County Council is the fifth largest local authority in the country, with a population of 1.1 million residents. It is estimated that in 2006 there were 262,400 children and young people in Surrey, 146,000 of whom were aged 5-15 years (2006 mid-year population estimate, Office for National Statistics).
4. Surrey is made up of diverse rural and urban communities with minority ethnic communities making up 10.7% of the population according to the 2001 census. The most recent available school census data (January 2007) gives a higher figure, with 14.7% of the school population made up from children from minority ethnic communities (6.1% from non-White ethnic backgrounds, 5.5% from non-British White backgrounds and 3.2% from mixed ethnic backgrounds). According to the School Census data, children of Pakistani heritage form the single largest minority ethnic group (1.3% of the total school population). Language data collected by schools for the first time in January 2007 shows that over 120 first languages other than English are spoken by children and young people in Surrey schools.
5. At the 2001 Census there were 125,000 households with dependent children; 29% of all households. There were 17,300 lone-parent households. The proportion of lone-parent households in Surrey is lower than the national average (4% compared with 6.5%).
6. Epsom and Ewell, and Runnymede have the smallest child populations and Elmbridge, Reigate and Banstead have the largest. The overall number of children of school age is projected to decline until 2009 then remain fairly static for eight years before increasing again.

7. Surrey has a highly successful economy with virtually no unemployment; 79% of men and 63% of women are economically active, compared with 74% and 60% nationally, and the workforce is highly qualified. However, there are significant labour shortages due to the high cost of living.

8. Surrey's maintained schools have high and improving levels of educational attainment and the highest staying on rate at age 16, even though one in four children attend independent schools at secondary phase. However, by age 18, engagement in education and training is below the median, partly due to the lure of low-skilled work as an attractive alternative. There is a massive reliance on car ownership with many young people finding it difficult to access leisure, sporting and cultural opportunities, in part due to the relatively high cost of public transport.

9. Despite Surrey's reputation as a universally affluent and successful county, there are pockets of significantly disadvantaged communities and groups.

10. As at September 2007, there were 2693 early years settings, including 1854 childminders in Surrey. Surrey plans to develop a total of 77 children's centres, with 51 designated as at March 2008. There are four nursery schools, 312 primary schools, 53 secondary schools, 23 special schools and 14 pupil referral units.

11. Twelve local consortia collaborate to plan 14-19 education and training. All five current strands of the 14-19 diplomas will be offered in 2008 and all 10 strands by 2009. The consortia include: 53 secondary schools of which 31 have sixth forms; five sixth form colleges; four general further education (FE) colleges and 16 work-based learning (WBL) providers. The four general FE colleges have work-based learning contracts. Ten other providers hold regional contracts with other Learning and Skills Council's (LSC) in the south east and operate in Surrey. There are 1,715 contracted Entry to Employment places which are shared across two regional and two local providers.

12. Adult and community learning including family learning is provided through Surrey County Council; adult and community learning in the east of the county is provided through East Surrey College.

13. Primary care is commissioned and provided by Surrey Primary Care Trust (PCT), which covers the whole county area.

14. Acute hospital services are provided by Epsom and St Helier University Hospitals Trust (covering Epsom, Ewell, Mole Valley, Reigate and Banstead), Frimley Park NHS Foundation Trust (covering Surrey Heath, Woking and Waverley), Surrey and Sussex Hospitals NHS Trust (covering Reigate, Banstead, Tandridge and some of Mole valley), Ashford St Peter's Hospitals NHS Trust (covering Elmbridge, Runnymede, Spelthorne and Woking) and Royal Surrey County Hospitals NHS Trust (covering Guildford, Woking, Waverley and some of Mole Valley). South East Coast Ambulance Service NHS Trust provides services to the whole of Kent, Sussex and Surrey. Mental health services are provided by

Surrey and Borders Partnership NHS Trust. South East Coast Strategic Health Authority is responsible for and performance manages the above named trusts.

15. Children's social care services are provided through: 352 fostering households, seven children's residential care homes and two residential respite centres. There are 20 field social work teams, comprising two assessment teams, 11 locality teams, three children's teams, two Traveller support teams and two complex needs teams. There are separate fostering and adoption service teams.

16. As at 31 March 2008, there were 484 children and young people's names on the child protection register and 790 children and young people were looked after.

17. There is one Young Offender Institution in the area.

18. Services to children and young people who are at risk of offending or have offended are provided through the Surrey Youth Justice Service.

19. A major restructure of Surrey services took place in 2006, bringing together adults and children's services under one Strategic Director for Families, in the new Services for Families Directorate. In this new service configuration, front line targeted children's education support and social care services are now integrated, being managed and delivered through 11 locality teams. The five PCTs that served Surrey from 2002 became a single Surrey PCT coterminous with county borders in October 2006. The Surrey Connexions Service and its commissioning arrangements transferred into the county council in October 2007, and is now located within the council's schools and learning service. It is planned to integrate Connexions services within county council youth and locality services in 2008/09.

Main findings

20. The main findings of this joint area review are as follows:

- The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding is inadequate. A too limited range of preventative services is failing to close the gap between the outcomes of most children and young people in Surrey and those who are the most vulnerable. There is an inadequate range of services for those children and young people who have a high level of need but who do not meet thresholds for child protection. The quality and timeliness of completion of assessments is poor. There are inadequate arrangements to ensure safe staffing across a range of agencies.
- The contribution of local services to improving outcomes for looked after children and young people is adequate. Ensuring that looked after children grow up better equipped for life, in particular through

education, is one of the council's key priorities. There are good fostering and adoption services and placement stability is good. The council and its partners have made adequate but slow progress in improving overall outcomes for looked after children. However, the number of looked after children is increasing, and services to divert children and young people from care are underdeveloped.

- The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is inadequate. Services to meet health needs are inadequate and access to them is difficult and inequitable across the county. Special schools are good and most children and young people achieve well in education. However, too many are excluded from school and some children are inappropriately prevented from attending school because there are insufficient school nurses to provide medication. Voluntary service networks provide a wide variety of opportunities for play and leisure. However, some educational provision and housing arrangements are of poor quality and initiatives to improve these are too recent to measure their impact.
- The Surrey Teenage Pregnancy Strategy reflects current national guidance but lacks a local evidence-based focus. Progress to bring down the rate of teenage pregnancy has been inconsistent since 1998. There has been a significant rise in teenage pregnancies since 2004 with low achievement against national progress. Genito-urinary medicine and contraceptive services lack both the coordination and the capacity to provide a targeted, accessible service to the young people of Surrey. The current upward trend means that Surrey is not on target to halve the rate of teenage pregnancy by 2010 and the overall impact of the strategy is inadequate.
- Service management is adequate. Capacity to improve is inadequate. Although the partnership is founded on clear ambition and consultation, and provides good universal services, targeted service delivery for vulnerable groups is inadequate. Capacity and performance management are inadequate to provide sustainable, consistent and effective services. Targeted services for children and young people are developing from a low base, with slow progress in developing commissioning and integrated services.

Grades

4: outstanding; 3: good; 2: adequate; 1: inadequate

	Local services overall
Safeguarding	1
Looked after children	2
Learning difficulties and/or disabilities	1
Service management	2
Capacity to improve	1

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- ensure effective arrangements are in place, across all agencies, to ensure that Criminal Records Bureau (CRB) and employment checks are in place for all staff working with children and young people
- ensure that all systems for data collection, monitoring, evaluation, information sharing and quality assurance are robust, reliable and fit for purpose and support evidence-based practice
- improve the quality and timeliness of initial and core assessments, statements of special educational need and Personal Education Plans
- ensure that the learning from serious case reviews is consistently disseminated and used to improve the quality of safeguarding practice
- ensure that all looked after children have a suitable qualified social worker
- ensure that robust monitoring arrangements of agency placements are in place

- ensure that sufficient resources are allocated to deliver comprehensive health services, including school nurses, midwives and Child and Adolescent Mental Health Services (CAMHS) which are able to meet demand at all levels of service
- allocate partnership resources to ensure that services are sufficient to identify and meet the needs of children and young people with learning difficulties and/or disabilities promptly, engaging parents, carers and children and young people in any service developments
- take steps to rapidly reduce the percentage of fixed-term and permanent exclusions of pupils with learning difficulties and/or disabilities
- ensure the availability of a well-publicised, young people-centred contraceptive and sexual health advice service, with a strong remit to undertake health promotion work
- ensure active local, co-ordinated engagement of all the key mainstream delivery partners in order to accelerate the rate of reduction in teenage pregnancy
- ensure that a high priority is given to personal, social and health education (PSHE) in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools.

For action over the next six months

The local partnership should:

- improve the quality of supervision and documentation relating to looked after children
- ensure that children and young people and their families have equitable access to a comprehensive range of preventative services and implement consistent multi-agency working arrangements and consistent thresholds for access to services
- allocate partnership resources to develop specialist respite care provision to reduce the shortfall especially for those with autistic spectrum disorder
- improve the performance of pathway planning and the percentage of personal advisers for care leavers, including improvement of the quality of guidance for care leavers to enable them to develop good independent living skills.

For action in the longer term

The local partnership should:

- provide sufficient support to enable looked after children to make good progress especially between Key Stages 3 and 4
- accelerate the pace and ambition of joint commissioning in order to integrate services that better meet identified need
- develop the voluntary and community sector's access, capacity and ability to play a clear and effective role in service commissioning and delivery
- address the balance of strategic and operational capacity in order to ensure the partnership is able to deliver effective and sustainable front line services.

Equality and diversity

21. Equality and diversity issues are clearly represented in strategic and operational plans. For instance, the Children and Young People's Plan (CYPP) recognises a need to target inequality via earlier and more effective interventions. All services for children and young people have carried out equality impact assessments which generated appropriate action plans. Whilst Surrey is a prosperous and high-performing county, it has identified a number of significant vulnerable groups that underachieve. For instance, good initiatives have improved access to services for Traveller children in the west of the county. Evidence of appropriately focussed action includes a whole-school approach to supporting families in Ash, which has improved children's school attendance and access to medical care. However systems to follow-up Traveller health care are poor. A Traveller Support forum promotes community interests well and is valued by parents and children. Two specialist advisors supporting Travellers aged 14-19 have had some success in engaging them in education and training. Projects in Horley and Guildford that work with other ethnic minority parents have been effective in improving their children's progress in school. A diversity in the curriculum project in over 30 schools focussed on combating bullying. Vulnerable groups such as young carers and teenage parents have some good opportunities to meet and share experiences. There is good support in some schools for pupils with English as an additional language.

22. The proportion of children from Black and minority ethnic (BME) groups, expressed as a ratio of all BME children, whose names are on the Child Protection Register is slightly above the national average but below that of similar authorities, whilst the proportion of BME children and young people who are looked after is in line with that found in similar authorities. There are too few foster parents from ethnic minorities to match need. However, matching procedures appropriately identify how a prospective carer can meet specific ethnic, cultural or religious needs. The ethnic minority and asylum seekers'

support worker guides foster carers appropriately and an expanding range of training focuses on understanding children's cultural needs. In response to a shortage of carers for those with disabilities, the authority has extended its training programme to cover disability topics and more foster carers are now able to support these children.

Safeguarding



23. The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is inadequate.

Major strengths	Important weaknesses
<p>Multi-agency working that complies with statutory requirements to ensure that children with child protection plans are safeguarded.</p> <p>Training opportunities include well-established multi-agency safeguarding training.</p> <p>An efficient Contact Centre, which receives initial referrals.</p>	<p>Lack of robust processes to ensure that all staff working with children across the partnership have a CRB check, and qualification and identity checks.</p> <p>High and inconsistent thresholds for intervention by social care services, with unclear referral pathways.</p> <p>Poor quality and poor timeliness of initial and core assessments.</p> <p>High numbers of unallocated cases awaiting initial children in need assessments.</p> <p>Inappropriate closure of social care cases where another agency is involved, leading to risk to children and young people.</p> <p>Inconsistent provision of preventative services across the county.</p> <p>Learning from a significantly high number of serious case reviews is inconsistent and yet to make an impact on practice.</p>

	<p>Poor performance management systems with too limited auditing of case files.</p> <p>Major restructure of services has led to reduction in performance in some key areas.</p> <p>Inconsistent provision of services to children and young people with mental health needs.</p> <p>Staffing capacity issues due to relatively high turn over of social work staff, with significant use of agency staff.</p>
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24. A too limited range of preventative services is failing to close the gap between the outcomes of most children and young people in Surrey and those who are the most vulnerable. There is no preventative strategy in place to address this provision. However, Surrey has plans to develop 77 children's centres and has met the target of numbers in place by March 2008. Whilst very good services are provided by individual children's centres, there is evidence that not all front line staff have access to good information about their focus and the range of services on offer. The development of the Common Assessment Framework (CAF), a standardised approach to conducting multi-agency assessments of children and young people's needs has been slow, and full implementation has not been achieved within government timescales.

25. Most children and young people in Surrey report that they feel safe, although they express concern about bullying. A range of keeping safe advice is provided through websites and newsletters, although leaflets are not routinely available in all council outlets. Safety and personal care advice is provided in schools and all schools have been issued with anti bullying guidelines. Individual projects of work with young people are provided by agencies such as the Fire Service. The number of children and young people killed and seriously injured on Surrey's roads has fluctuated year-on-year, with no sustained downward trend in order to meet government targets. However, the most recent figures for 2005 showed a good reduction from the previous year. There is some good individual focus on road safety in the youth service activities such as the First Gear driving course.

26. Good progress is being made in engaging schools in the Healthy Schools programme and 59.4% of schools have achieved the national Healthy School Standard target, slightly above the national average of 55.6%. Total participation is 90.9%, which is below the national average of 94.7%.

27. Progress on bringing down the rate of smoking amongst pregnant teenagers and mothers is too limited. Approximately 18% of Surrey residents smoke. However, 40% of Surrey's teenage mothers smoke and the impact of the stop smoking service is inadequate. The Tellus2 survey found that 23-29% of young people in Surrey felt that there was not enough information provided to them regarding drugs and alcohol, which is slightly below the national average.

28. There is a large Gypsy and Traveller community with a child population of approximately 3,000. Surrey PCT reports that the Traveller population suffers from higher ill-health and mortality than the national average. There is insufficient focus on improving the health of these children, and there is evidence that many Traveller children do not access health clinics or attend specialist appointments, and that there is no system for ensuring they are followed up by health services.

29. Mental health services for children and young people are under-developed with too limited capacity and inconsistent provision across the county. There are long waiting lists particularly for Tier 3, clinic-based, high-level provision. Provision at other levels (tiers) of service is fragmented and inconsistently available. Some young people wait too long for an assessment and then endure a further long wait for treatment. A CAMHS strategy to improve services, with reconfiguration of services at all tiers and supported by investment, is about to be implemented. However, implementation is not, as yet, supported by robust needs analyses.

30. Voluntary and community sector agencies in Surrey report an increase in the complexity of cases they are being asked to support and voice a high level of dissatisfaction with the commissioning and contracting processes and a lack of consultation by the partnership with community groups regarding the range and type of provision required.

31. The profile of domestic violence has been appropriately raised across agencies, with the introduction of multi-agency risk assessment conferences and Community Information Action Groups (CIAG), which are partnership meetings led by neighbourhood police to address issues pertaining to individuals who exhibit crime and disorder and/or anti-social behaviour in local communities. These innovations are beginning to have an impact, although there is yet to be consistent attendance by children's social care services at the CIAG meetings.

32. A missing children protocol is now in place, having been agreed by the Surrey Safeguarding Children Board (SSCB) in December 2007. Whilst the protocol meets current guidance it is too early to be able to demonstrate impact. However, good relationships between the police and social care services support this implementation. Surrey has an adequate range of provision for pupils who are out of school through exclusion or because of medical needs. However, achievement in providing children and young people with 20 or more

hours of education is poor. The most recent validated data, for 2004/05, shows Surrey in the lowest quartile of all authority areas and below that of similar authorities and the national average.

33. New enquiries and referrals to children's social care services are managed efficiently by the Contact Centre. Agencies and service users are confident that thresholds at this point are clear and appropriate. However, referrals to children's social care do not uniformly come through the Contact Centre, and significant numbers of referrals are made by schools and hospitals, for example, directly to longer term teams. Consequently, the referral pathways are too complicated, and lead to confusion amongst agencies and families as to the appropriate referral route. Little evidence of written confirmation to referrers about action taken in response to referrals was found in this inspection, which is inadequate. The volume of referrals is increasing, with one assessment team receiving 340 referrals in January 2008, compared to 232 in January 2007.

34. Thresholds for access to children's social care are high and inconsistently applied across the county. There is too limited multi-agency working to provide support to children in need, leading to some children and young people with high-level needs not receiving a service.

35. Cases requiring an initial assessment are passed promptly to assessment teams by the Contact Centre, for completion of an initial assessment within seven days of referral. However, agreement by Surrey management that these teams can take an extra five days to complete the assessment, contrary to government guidance, means that the counting of numbers of initial assessments completed on time is inaccurate. Also, this impacts on the ability of longer term teams to complete the full (core) assessment within the required 42 days from the date of referral. Data on completion of core assessments within timescale also show inaccuracy, as timescales are not uniformly counted from the date of referral. The process of passing cases between teams for initial and core assessments means that a child or young person therefore has a number of workers during the assessment process. This is unhelpful to children and young people and is exacerbated by the fact that there are significant numbers of unallocated cases in assessment teams, which are then, therefore, serviced by a number of different duty social workers.

36. Although individual examples of excellent practice in assessment and support of children and young people were seen, many initial and core assessments lack analysis of information gathered, and have a poor focus on the child's needs with little evidence of multi-agency assessment. Many cases are closed inappropriately if another agency is involved, without rigorous consideration of multi-agency provision of services. Approximately 150 files were read by inspectors during the review and many showed a lack of management oversight by all agencies and variable quality in recording including inconsistent quality of chronologies. 'Cutting and pasting' of information from previous reports is evident on some files which shows some poor attention to ensuring that current information is robust.

37. Management action to increase resources in order to strengthen staffing and management arrangements in one assessment team has led to an improved consistency of service. However, this improvement is from a very low base, and services in both assessment teams have yet to provide a timely and adequate level of service to children and young people in need and thresholds for intervention continue to be high and inconsistently applied.

38. The number of children subject to a child protection plan is in line with that found in similar authorities and all such children have a suitable qualified social worker. However, a relatively high staff turnover affects the council's ability to provide continuity of worker with some staff being relatively inexperienced. The number of re-registrations to the child protection register is high at 17.9%, compared to the average of similar authorities (15.0%) and national averages (13.4%). The percentage of children who ceased to be the subject of a child protection plan, or who were de-registered after having been on the register for more than two years has fluctuated year-on-year, but in 2006-07 reduced to a good level at 7.0%, although still above similar authorities (6.0%) and the national average (5.8%). Local unvalidated data shows further improvement in December 2007. Compliance with statutory requirements is good and child protection case conferences are held within timescales.

39. The SSCB and sub-groups have been slow to develop compared to those in other authorities and are not yet making sufficient impact in terms of holding partner agencies to account. The SSCB retains a main focus on high-level child protection issues and does not yet provide the strategic leadership required to ensure that a broader definition of safeguarding is developed and owned by partner agencies. Funding arrangements have only just been agreed between partner agencies, indicating slow progress towards full operation of the Board functions. Sound Multi-Agency Public Protection Arrangements (MAPPA) are in place.

40. There has been a significantly high number of serious case reviews conducted in Surrey, with eight having taken place since June 2006. Work to disseminate the learning from these reviews has occurred, but knowledge and awareness amongst front line workers of the lessons to be learned is inconsistent. Issues raised by the serious case reviews included: failure to assess or properly assess children in need; poor quality of assessment with little analysis of information gathered; failure to respond to the repeated concerns of referrers; a tendency to rely on reassurances given by parents that everything is well without seeking corroboration; and making the decision that no action is required by children's social care services without undertaking an assessment due to other agencies being involved. These poor practice issues are evidenced in current work practices.

41. Processes for notification of serious child care incidents to Ofsted and the relevant Government Office are insufficiently robust, with unacceptable delay in making one notification occurring during the period of this inspection.

42. Performance management systems for safeguarding are developing but data reports are almost exclusively focused on national performance indicators with insufficient locally set indicators. Performance indicator information about the timeliness of completion of assessments is inaccurate. Regular file audits by all levels of management take place but these are mainly confined to auditing within line management of small numbers of files, and are insufficiently independent.

43. Attention to safe staffing processes across agencies is inadequate. Although the council state in their self-assessment that all staff are robustly CRB checked, this information is false, with high numbers of staff identified by the human resources database as either not having had CRB checks or three yearly re-checks. Action was taken by the council in response to these inspection findings to institute such checks. Council human resources files for long-standing staff are poorly constituted and do not evidence full information regarding the range of expected employment checks. Surrey PCT has self-assessed as not being compliant with safe staffing checks, with only staff appointed in the previous two years having had CRB checks. One voluntary agency visited, which provides services to young people, was unable to confirm whether their staff or volunteers had been subject to CRB checks. A further service, purchased by schools, to provide education to young people, was not monitored for safe staffing checks. The poor attention to ensuring that staff are safe to work with children and young people is both unacceptable and dangerous.

Looked after children and young people



44. **The contribution of local services to improving outcomes for looked after children and young people is adequate.**

Major strengths	Important weaknesses
<p>Good fostering and adoption services.</p> <p>Good placement stability that is contributing well to improving outcomes.</p> <p>Effective partnership contributes to improving health outcomes.</p> <p>Good work with unaccompanied asylum-seekers.</p>	<p>Variable quality and consistency of care planning, management decision making and statutory documentation.</p> <p>High proportion of looked after children placed in agency placements and outside county boundaries.</p> <p>Insufficiently robust quality assurance of ongoing agency placements.</p>

<p>Good involvement of young people in the Corporate Parenting Steering Group and in planning services.</p>	<p>Too many looked after young people who do well at Key Stage 3 do not progress to realise their potential at Key Stage 4.</p> <p>Not all looked after children and young people have an allocated qualified social worker.</p> <p>Insufficient preparation of care leavers for independence.</p>
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45. The number of looked after children in Surrey reduced to 735 in 2006. However, the number has increased to 790 as at 31 March 2008, although the proportion in care in relation to the overall population remains below that of similar authorities. Thresholds for social care intervention are high, and services to divert children and young people from entering care are under-developed. Families, and particularly teenagers, do not always receive timely support. An increasing use of family group conferences is yet to have a significant impact on the numbers coming into care.

46. Most looked after children in Surrey live in stable placements, with performance being better than in similar authorities, and there is an effective placement strategy in place. The placement stability service provides appropriate support at crisis points at evenings and weekends to support foster carers.

47. Regulatory inspections of Surrey's children's homes report good overall attention to safeguarding. Whilst good attention is also paid to the quality of agency placements when commissioning provision, procedures to monitor ongoing quality and regulatory inspection judgements are insufficiently robust.

48. Good fostering and adoption services are in place. The 2007 inspection of fostering services found that looked after children and young people are well supported, with good support systems to promote their safeguarding. Providing a sufficient number of locally available placements remains a challenge, particularly for teenagers, and a high proportion of looked after children and young people are in agency placements. At 31 March 2007, 24% of Surrey's looked after children were placed 20 miles or more from their home, which is higher than the national average, with 21% placed 20 miles or more outside of the county boundary, which is significantly higher than average.

49. There are insufficient placements available for young people detained under the Police And Criminal Evidence Act 1984, or remanded to local authority accommodation by the courts, and some of them remain in court cells for too long awaiting the availability of a placement. The poor access to safe and suitable accommodation for offenders with complex needs and challenging behaviour impacts negatively upon the capacity of the youth justice service to deliver credible bail proposals.

50. Partners work well to ensure continued improvement in the percentage of annual health assessments and dental checks held within timescale, which was at 85% in 2007. This is broadly in line with the national average and above the average for similar authorities. There are currently three whole time equivalent dedicated nurses' posts for looked after children, which is insufficient, although funding has now been agreed to increase staffing. There is no dedicated paediatrician for those in residential care, but all those in foster care have a named paediatrician who regularly monitors health plans. There are delays in some statutory notifications to health services of those coming into and leaving care. Some care leavers indicate that they are not well supported in accessing dental care and staff confirm difficulties in locating NHS dentists for looked after children.

51. CAMHS provision for looked after children is good, but there are some difficulties in accessing this at the point of referral, particularly for those placed out of county. Effective partnership working in supporting mental health needs is demonstrated by the joint working of CAMHS with the Placement Stability Service and the Attachment Project, which targets children aged under 12 years in permanent placements who need treatment interventions to secure the stability of their placement, and to improve their long-term mental health outcomes. A mental health worker provides good support to BME and asylum-seeking looked after children. From April 2008, a drop-in 'one stop shop' will be open to enable asylum-seeking looked after young people to have their health and educational assessments undertaken in one place.

52. Overall, the educational attainment of looked after children in Key Stages 1 to 3 shows an improving trend, although there are dips in comparison with some 2006 performance, such as mathematics at Key Stages 2 and 3. In 2007, 13% of looked after young people achieved five higher grade GCSEs, an improvement of seven percentage points from 2006. This performance is evidence of a small step in closing the gap between the attainment of Surrey's looked after children and all pupils nationally. However, the percentage of those sitting at least one GCSE or equivalent examination is still below the national average. While educational achievement is generally improving, the rate of improvement is slow and the gap remains wide between Surrey's looked after children and their own peers. Targeted support in literacy is having a positive impact at Key Stage 2 and additional tutoring is enhancing progress at Key Stages 3 and 4. Online learning packages provide effective language support for asylum seekers.

53. There is regular reporting to elected members and senior managers of educational outcomes with sharp analysis of attainment trends. However, there is less precision with regard to value added measures, for example, regarding those who are looked after whose attainment is below national curriculum levels. High proportions of those who sat Key Stage 3 tests did not go on to make the expected progress at the end of Key Stage 4. The council and its partners recognise that they have not been successful to date in supporting these young people to achieve predicted grades. Improving educational

outcomes is now being given timely prominence within strategic planning, and this drive is championed robustly by lead members.

54. School attendance is above national and local comparators for looked after children. While overall attendance is above comparators, it masks some variability, with higher levels of absence at Years 10 and 11. Exclusions are also higher at Key Stage 4. Both of these factors contribute to poorer than expected educational outcomes in GCSE examinations.

55. Completion rates for Personal Education Plans are comparatively low at 79% and their quality is variable. Plans are now in place to involve young people in their redesign but these have not yet been effected. Each school has a designated member of staff for looked after children, but schools identify a need for greater support for those staff. Funding has been increased for schools. Additional impetus has now been given to improving attendance by foster carers and designated members of staff in training aimed at improving the educational achievement of looked after children. However, it is too early to judge the impact of this.

56. The ratio of looked after young people, compared with all young people, who are involved in education, employment or training while comparatively high, has dipped slightly in 2006/07 and is below average. The proportion of care leavers with higher grade GCSEs has improved from 6.2% to 8.7% and is above available statistical comparators but below the national average. The proportion of those who achieved at least one GCSE or equivalent has also improved to 47%, but remains below average.

57. Partnership working to support young people to move on to higher education is evidenced by increasing numbers of participants. For example, 21 went on to higher education in 2007 compared to 11 in 2006. Whilst there is a policy that computers are provided for all looked after young people, some young people interviewed waited too long for laptops for college courses.

58. Not all care leavers have Pathway Plans and the proportion of young people with a personal adviser is below the national average. Pathway planning is variable and some young people indicate that they receive insufficient guidance in developing independent living skills. Most care leavers live in suitable accommodation, although the percentage has dipped to 86%, slightly below the national average. Significant efforts have been made by council services in 2007 to reduce the use of bed and breakfast accommodation but there are still a small number of care leavers in this provision. Inadequate processes are in place to ensure that bed and breakfast provision is safe. Surrey has now, rightly, initiated a review of provision of suitable accommodation to care leavers, especially those with greater needs.

59. An independent reviewing officer team provides appropriate challenge to social work practice and the consistency of care planning processes. Performance in holding statutory reviews of looked after children is adequate, at 87%, and above local and national averages. The number of children and

young people who participate in their review meetings is increasing to a good level, at 91%.

60. Too many (8%) looked after children do not have an allocated qualified social worker. Frequent change of social workers also affects continuity of planning and support for some children. There is evidence of inconsistency in management oversight of case files, variability in the quality of supervision of social workers and inconsistent quality of care plans and looked after children review documentation.

61. Looked after children participate well in decision making, and in the delivery of training programmes, such as Total Respect. Their views are listened to and acted upon. For example, membership of the Corporate Parenting Steering Group was reviewed to enable more equal representation of young people and adults as a result of young people's comments. Young people, with support from the National Youth Advocacy Service (NYAS), have been involved in the making of a very good DVD to enable other young people entering care to understand what it is like to be looked after.

62. Effective advocacy services are commissioned through NYAS, which provides support for up to 40 children and young people per month. This support has led to a reduction in the number of formal complaints made by young people.

63. Initiatives such as restorative justice in residential homes are having a good impact on reducing the numbers of looked after children coming to the notice of the police. Consequently, offending rates have reduced and have been broadly in line with the national average for the past three years.

64. Lead members show a strong commitment to, and knowledge of, the needs of looked after children, and provide excellent role models as corporate parents. However, very few other elected members have attended corporate parenting training, and their commitment to their role as corporate parents is not demonstrated. Lead members show a very good commitment to improving educational achievement, and are committed to reading all the school reports of looked after children at Key Stage 3 in order to further increase their knowledge of why Surrey young people appear not to reach their potential at Key Stage 4. Lead members are developing an innovative and positive Pushy Parents scheme, whereby they will encourage other elected members to take a personal interest in the educational progress of individual young people. However, this is yet to be embedded and to show impact.

Children and young people with learning difficulties and/or disabilities

Inadequate

X

Adequate

Good

Outstanding

65. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is inadequate.**

Major strengths	Important weaknesses
<p>Good individual models of multi-agency working.</p> <p>Good educational achievement of children with learning difficulties and/or disabilities.</p> <p>High participation rates in education and training post-16 with wide range of vocational provision for 16-18 year olds.</p> <p>Effective voluntary sector work to provide support and leisure opportunities, particularly for those aged under 12.</p>	<p>Inconsistent and high thresholds for access to services.</p> <p>Key health specialist shortages, such as health visitors, CAMHS specialists, occupational therapists and speech and language therapists which delay access to provision.</p> <p>Poor numbers of statements of special educational need completed within timescales.</p> <p>Insufficient needs analysis statements of special educational need.</p> <p>Insufficient respite care, particularly for children with autism.</p> <p>High permanent and fixed-term exclusion rates in schools.</p> <p>Some children and young people are inappropriately prevented from attending school due to insufficient numbers of school nurses to provide medication.</p> <p>Poor work-based learning success rates and limited training opportunities at 19.</p> <p>Insufficient access to appropriate housing.</p>

66. The strategic partnership displays a good awareness of the needs of children with learning difficulties and/or disabilities in its plans. However few explicit targets are set.

67. There are very good individual multi-agency models of working, such as the Team around the Child, and the White Lodge assessment centre. These demonstrate effective child-focussed work. However, such models are not consistently provided across the county. Special schools and respite providers receive good support from the Complex Needs team and the Special Educational Needs Assessment Team. The sensory impairment service has

developed innovative nationally-recognised frameworks to assess and support the needs of sensory impaired children.

68. Arrangements to provide services across the county are inequitable. There are few pooled budgets. Some strong school confederations share resources efficiently. However other areas have poorly coordinated multi-agency arrangements. Implementation of the common assessment framework has been slow. Each team interprets procedures differently and definitions of need are inconsistent. Parents and teachers are confused about what is available and how to get it. Although the authority produces many clear information leaflets, these are not always visible in community venues. Parents have difficulty understanding how to claim direct payments, although the number of claims is rising. A pilot with eight young people is investigating the feasibility of personalised budgets. It is too early to judge its effectiveness.

69. Children with learning difficulties and/or disabilities are badly affected by key shortages in the health service. There are insufficient health visitors to complete all two-year checks, delaying possible diagnosis until children start school. Too limited access to physiotherapists, and occupational, speech and language therapists, disadvantages children severely at all stages, especially during transitions between settings. Waiting lists are long and children are sometimes removed from the list without explanation. Parents report that professionals do not communicate well with each other, and sometimes records are lost. Statements of need are poorly recorded. Although all schools are allocated a school nurse, in some cases this is in name only, which means there is no school nurse presence in some schools, and no plans to recruit further nurses. This results in inadequate coverage, and there is evidence that some children have been unable to attend school due to lack of opportunity to access their medication at school. CAMHS thresholds are too high, with access for children with learning difficulties and/or disabilities being limited to those at the very high level of need. Referral procedures for this service are complex. Very troubled teenagers wait over a year for treatment. Specialist Connexions adviser posts which worked with vulnerable teenagers to develop positive behaviour and relationships have been cut. Home-visiting services to help families with pre-school children are good but sometimes families have to wait too long to access the services.

70. Completion of statutory statements of special educational need within the statutory timescale of 18 weeks is poor. In 2006, only 69.5% were completed within deadline, meaning that Surrey is in the worst quartile nationally. In 2008, 95% of straightforward statements were on time, but the timely completion rate of more complex cases is still unacceptably low at 57.4%. As a result, some children and young people do not have their needs identified promptly and there are inappropriate delays in making services available to support them. Inconsistent criteria and high thresholds for disability support mean that children with increasingly complex needs begin mainstream schooling without appropriate planning. Locality teams work hard but the system has insufficient capacity and many staff are new. A 2006 directive from the DfES required the

local authority to rewrite its statements such that the assessed need was more clearly identified. Despite this, many statements seen by inspectors were of poor quality. Some show little analysis and others remain insufficiently specific about how children's needs should be met.

71. Children with learning difficulties and/or disabilities generally achieve well in education. Special schools are judged good in inspections, with some outstanding learning environments which support children's needs and aspirations. Close cooperative work between teachers and respite care staff is enhanced further through shadowing and joint training. Mainstream schools are increasingly inclusive with 50 specialist units where most children make good progress. A well-targeted project involving 10 special schools has developed innovative approaches to empower pupils to participate in annual reviews. Schools use data effectively to monitor achievement and plan improvement. However new progress measurements are unreliable. While they are well understood in some schools, they are not fully implemented or standardised.

72. Too many children with learning difficulties and/or disabilities are excluded from school. In 2006, nearly half (47.69%) of statemented children in mainstream secondary schools had fixed term exclusions and, in 2005, 23.7% in special schools had fixed-term exclusions. The rate of permanent exclusions was twice the national average in 2006. The authority uses data analysis effectively to identify contributory factors and is intervening productively with well-targeted activities which are beginning to have an impact. The Behaviour Support Team has been effective in improving attendance, developing staff and supporting children, although some schools report that they have difficulty accessing it. In Guildford, the college, the pupil referral unit and mainstream schools have devised flexible customised programmes that are successfully re-engaging young people in education. Innovative approaches to restorative justice in residential homes and effective liaison with schools have helped to pre-empt behavioural issues for children in residential care. The Hope service, based in Guildford and Epsom, provides effective multi-agency programmes to re-engage excluded secondary pupils across the county with mental health problems. Staff relate well to young people, easing their reintegration by supporting them in school as well.

73. Good arrangements with voluntary networks provide children with learning difficulties and/or disabilities throughout Surrey with a wide and plentiful range of play and leisure opportunities. There are 20,000 well-supported specialist places available at convenient times during term, holidays and on Saturdays. A variety of well attended activities include the arts, sport, domestic and foreign travel. Under-12s are particularly well catered for. However provision for older children is limited. In response to this, North East Surrey College of Technology and MenCap are collaborating to start a club for students who have severe and complex needs. The authority's innovative inclusion initiative, Including Me, effectively supports 21 disabled children attending mainstream after school clubs. However this is a pilot and it is unclear how it will be developed. Good advocacy support helps teenagers express their wishes in tribunals and reviews

and is valued by young people. The Rainbow Trust and the White Lodge Centre provide well-resourced support and advice to families with disabled children. However procurement arrangements for the voluntary sector are poorly defined and lack coordinated planning.

74. A variety of good respite services is available but services are insufficient to meet assessed need. Particular gaps exist for children with autism or complex medical needs. The partnership is aware of the issues. A creative initiative to overcome this provides training for childminders and foster carers to support children with disabilities. Some appropriate support from the domiciliary service is available to families in their homes, and Family Links provide helpful befriending services with host families to provide short respite breaks.

75. Participation in education and training at age 16 is high. Only 7% of 16 year olds with disabilities are not in education, employment or training. This figure is less than half the national average, although it is double the low overall Surrey rate of 3.1%. Connexions advisers support young people effectively. Planning for post-16 education is effective. It begins early, ensuring learners are well supported to start a course. Surrey's creative work on transition protocols has been acknowledged by the LSC in the Getting a Life project, which disseminates new approaches to 19 local authorities. The 14-19 partnerships plan inclusively but recognise there are insufficient entry level courses. Colleges are now expanding the range of flexible provision developing good vocational skills in order to address this. Progression from college courses is good. Innovative plans for a joint sixth form and college centre to begin in 2009 include specialist provision for learners with disabilities. Colleges and schools collaborate well to engage local employers to provide work experience for learners with disabilities. Success rates in work-based learning are poor. Screening has been insufficiently rigorous and learners have been enrolled on courses too hard for them. However, better information, sharper initial assessment and new bridging programmes are beginning to improve retention.

76. Children and young people with learning difficulties and/or disabilities have difficulty accessing out-of-school activities because travel arrangements do not always meet their needs. For example, pupils in special schools who were invited to participate in the Youth Forum were unable to attend due to a lack of availability of transport. The cost of travel is a barrier to participation in education for disabled young people over 18, for whom travel and education are often not subsidised despite their status as benefit claimants. Courses for over-18s are thinly distributed across the county and journeys to access suitable training can be complicated and lengthy. The LSC is conducting a regional gap analysis to plan improvements but it is too early to see the impact of this.

77. Young people with learning difficulties and/or disabilities are particularly at risk through inappropriate housing arrangements. Suitable housing is scarce. Some housing providers show insensitivity to parents and young people's needs. Key workers do not sufficiently share information about need with

housing officers who are therefore ill-equipped to understand risk. Some families with disabled children are allocated unsuitable or inaccessible accommodation. Vulnerable young adults are sometimes placed at risk either from others or from themselves. Not all provider settings are compliant with disability legislation and local authority staff have only recently received training. However the Transition Team in Guildford has a promising pilot project, the Transition House, supporting six young adults with learning difficulties effectively to develop independence. It is too early to judge its impact.

Other issues identified for further investigation

The impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas

78. The impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas is inadequate.

Major strengths	Important weaknesses
<p>Low overall rates of teenage pregnancy against the national average.</p> <p>Committed, flexible front line workforce.</p> <p>Progress being made in engaging schools in the Healthy Schools programme.</p> <p>Get It On project providing free condoms.</p> <p>Good multi-agency parent/infant mental health service.</p>	<p>A lack of robust data and systematic evaluation to inform planning and service development.</p> <p>The inconsistent rate of reduction in teenage pregnancy across the whole county.</p> <p>The high rate of terminations and absence of termination services within the county.</p> <p>Limited access to sexual health services for young people in rural areas.</p> <p>One of the highest rates of Chlamydia in the south east.</p> <p>Only 2.2% of target population were screened for Chlamydia in 2007.</p> <p>Insufficient Genito-urinary medicine (GUM) resources appropriately targeted to young people.</p> <p>GUM and contraceptive services delivered as a separate function.</p>

	<p>Lack of capacity in school nursing, health visitor, Connexions advisors and midwifery services.</p> <p>Reluctance of some schools to engage with sexual health staff and allow sexual health education, advice, counselling and contraceptive service delivery in the school environment.</p> <p>Inappropriate exclusions from schools of pregnant young women.</p> <p>Closure of East Surrey Hospital GUM clinic during 2008.</p> <p>Absence of Housing Department representation on the Teenage Pregnancy Strategy Board</p>
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79. Surrey's Teenage Pregnancy Strategy was launched in March 2001 in response to the 1999 national strategy to address and bring down the number of teenage conceptions by 15% by 2010. The strategy has clearly articulated strategic goals to achieve targeted reductions. Whilst targets were met in 2004, there was a subsequent rise in conceptions in 2005. While the teenage pregnancy rate for the county remains below the national average, the rate of reduction has been inadequate, with a rising trajectory since 2004. In 2006, the rate of teenage conceptions was 25.4 per 1000 representing a poor improvement of 7.9% since 1998 against national progress of 13.4% over the same period. Since the launch of the national strategy, Surrey has established a multi-agency Teenage Pregnancy Partnership Board, now chaired by the Joint Director of Public Health. It is appropriately representative but lacks important representation by the Housing Department. Surrey has produced a series of detailed action plans which have lacked the resources to enable full implementation and supporting analysis of overall impact. The current trend means that Surrey will not meet the government target to halve the rate of teenage pregnancy by 2010. The overall impact of the strategy is therefore inadequate.

80. Sexual health and teenage pregnancy services throughout the county are typified by a committed, flexible workforce driven by the desire to provide a good service to their defined working population of children and young people. There is evidence of some areas of good practice and some innovative discrete project work.

81. There are significant variations in identified localities, with, for example, a 32% reduction in teenage conceptions in Epsom and Ewell over the three years from 2004-06 but a rise in teenage conceptions of 21% in Surrey Heath over the same period. With inconsistent progress made since 1998 and a rise in overall teenage conceptions from 2004-2006, Surrey has taken positive action

to commission an intensive review of the Teenage Pregnancy Strategy which is currently being carried out by the National Children's Bureau.

82. Surrey's termination rate remains one of the highest in the country, with 58% of teenage conceptions ending in abortion, significantly higher than the national average of 49%. Added to this, there are virtually no Surrey-based termination services and young people are obliged to travel outside the county for termination services.

83. Looked after young people in Surrey are particularly vulnerable to early parenthood, with seven out of 57 looked after girls aged 16 and 17 years in December 2007 already being mothers. This represents a drop from the previous year. However, pregnancies had increased from 4.5% to 14% over the same period. Data on pregnancies for looked after young women under 16 years were not available to this inspection.

84. Improving access to GUM is a specific priority in the 2006/07 Department of Health operating framework. The percentage of first attendances at GUM services in Surrey that are offered an appointment to be seen within 48 hours is within target. However, services are less successful in meeting the target of percentage of first attendances that are seen within 48 hours of contacting a service. Surrey experiences one of the highest rates of Chlamydia in the south east of the country and there is an upward trend for both male and female young people. There is a too limited range of targeted and opportunistic screening services across the county. Out of a target population of 15%, only 2.2% were actually screened during 2007, which is inadequate achievement. There has been a significant rise in all sexually transmitted diseases. Generally, GUM screening services are delivered separately from contraceptive services. This is unsatisfactory since young people have to go to different locations to secure these services. Although there are 154 Chlamydia screening sites across Surrey, with variable uptake by young people, the largest proportion of GUM services are delivered through five hospital centres. East Surrey Hospital is due to close during 2008 with no decision yet made to relocate the GUM service, reducing an already limited service even further. Midwives undertake routine screening for all for HIV, rubella and hepatitis B, but no opportunistic Chlamydia screening. There are insufficient resources, appropriately targeted to young people, to deliver an equitable and accessible GUM service.

85. Access to sexual health advice and contraceptive services is inconsistent, particularly in rural areas where services are sparser and transport links are expensive and insufficient. Training in sexual health and contraception has been offered to all community pharmacists with a fair take-up and with more pharmacists being actively recruited. Currently this is insufficient to provide an adequate, targeted service across the county. There are some good youth services offering sexual health advice, information and free condoms to under-19 year olds. This includes the Get It On project which operates from a range of locations and provides young people under 21 living in Surrey, in particular, with free condoms. However, this service is not yet accessible and available in

all areas of the county. There are some drop-in centres across the county but these are insufficient to provide comprehensive cover and there are few services specifically dedicated to young people. The National Institute for Health and Clinical Excellence guidance on long acting, reversible contraception for young women is not well implemented across the county as many general practitioners are reluctant to prescribe it.

86. Partnership work to improve sexual health and promote healthy lifestyles is adequate but not always well co-ordinated. A new multi-agency commissioning partnership board has been created but is at an early stage of development and joint commissioning is not yet imbedded into the working culture for all partners.

87. Good progress is being made in engaging schools in the Healthy Schools programme. However, not all schools have a sex and relationships education policy in place, although the target is 100%. A significant number of secondary schools, including several in areas of high teenage conception, are inappropriately reluctant to engage with sexual health staff and allow sexual health education, advice, counselling and contraceptive service delivery in the school environment. There are no drop-in services offered in schools. There is evidence of examples of pregnant girls inappropriately excluded from school against their wishes during their pregnancy. The budget for school nurses and health visitors was cut by 20% in 2006. All schools have a named school nurse but capacity is too limited, as some schools do not have on-site presence of such nurses. Five Connexions personal advisor (PA) posts which led on sexual health advice and support, have been refocused due to budgetary restrictions, which further limits the opportunities to work with vulnerable young people to prevent teenage pregnancies. These PA posts now focus on increasing the number of teenage parents who remain in education, with a secondary focus on preventing second pregnancies.

88. Maternity services are delivered through five hospital sites across the county offering inconsistent models of working and limited service focus on pregnant teenagers and new mothers. The maternity service is significantly under-resourced in four areas of the county with at least 42 midwife posts vacant, which is inadequate. Figures for the fifth area of the county are unavailable. Vulnerable pregnant teenagers are seen as a priority by midwives and are followed up appropriately in most cases with active encouragement to engage with support services throughout the pregnancy. However, lack of capacity means that a minority of pregnant teenagers are only given access to a standard rather than an enhanced midwife service, a situation which is inadequate. Breastfeeding among young mothers is positively encouraged. However, current breastfeeding data systems are too fragmented and do not provide reliable data on progress on both initiation of breastfeeding and sustainability for teenage mothers. A comparatively low number, 6.5%, of all babies in Surrey weighed under 2,500g in 2006 compared with 7.9% in England and Wales. However, accurate data on birth weights of babies born to teenage mothers is unavailable.

89. Teenage mothers are followed into the community, where there is effective close working with, and hand over to, the health visitor. Health visitors provide a good service overall, but are limited by a lack of capacity. There is good multi-agency working between midwives, health visitors and school nurses with statutory agencies where there are identified safeguarding concerns. However, there are restrictions on replacing key staff due to PCT financial limitations. There is limited supportive housing available to young parents with 43 over-subscribed accommodation units in the west of the county and an inappropriately high dependency on temporary accommodation on the east.

Service management



Capacity to improve



90. **The management of services for children and young people is adequate. Capacity to improve further is inadequate.**

Major strengths	Important weaknesses
<p>Good consultation and needs analysis to support the strategic vision for the CYPP, enabling clear inclusion of vulnerable groups in the partnership's ambitions.</p> <p>Listening to children and young people, in consultation.</p> <p>Lead members champion the needs and interests of looked after children.</p> <p>Good outcomes and value for money for universal services</p>	<p>Failure to narrow the gaps between outcomes for children and young people receiving universal services and services targeted at the most vulnerable.</p> <p>Lack of detailed planning and prioritisation, including SMART targets.</p> <p>Under-developed partnership working resulting in partner frustration, limited integration, and inconsistent and underdeveloped services.</p>

	<p>Slowness in implementing key national and local requirements; including development of joint commissioning, implementation of the common assessment framework, and achieving service targets for vulnerable groups.</p> <p>Insufficient resource coordination, resulting in significant gaps in targeted services.</p> <p>Limited involvement of the wider group of elected members in corporate parenting.</p> <p>Lack of robust performance and data management.</p>
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91. Overall service management is adequate. The service management judgements reported in this section take account of all children's services provided by the council and its partners, both universal and those targeted at vulnerable groups. Outcomes for children and young people in Surrey with regard to universal services are generally good. Outcomes for children and young people from vulnerable groups are significantly poorer, however. Whilst service management for universal services is therefore judged good, service management for targeted services for vulnerable groups is inadequate, which leads to a combined JAR service management judgement of adequate.

92. The APA awards grades for council's children's services overall and the specific contributions they make to improving outcomes for children and young people along with the contribution that these services make towards improving each of the five Every Child Matters outcome areas (being healthy, staying safe, enjoying and achieving, making a positive contribution, and economic well-being). The APA also grades the council's capacity to further improve these services. Overall, outcomes for children and young people in Surrey with regard to universal services are generally good.

93. The 2007 APA in Surrey judged service management and capacity to improve as good, stressing the clarity of ambition and the comprehensive CYPP for 2006-09, and the presence of an effective performance management framework. The APA recommended increased pace in improvement processes. This JAR inspection found evidence of some partnership limitations in implementing children's services plans and priorities, and insufficient pace of improvement and outcomes for vulnerable groups are inadequate. These issues demonstrate the reasons why there are differing judgements between the JAR and APA.

94. The council and its partners have established good ambitions for children and young people in Surrey. Their clear vision for inclusion represents an appropriate and significant delivery challenge within an affluent and high achieving county, and has been approved by the executive boards of partner agencies. Consultation on the CYPP was good, as it gave a strong voice to children and young people and their parents and carers in developing both the overall direction and the priorities within it. As one of five key priorities for the Surrey Strategic Partnership, ambitions for children and young people are strongly promoted through the Children and Young People's Commissioning Partnership, which is the Surrey Children's Trust, and through the emerging Local Area Agreement and the aims of Surrey's four area-based partnerships.

95. The ambition for service integration for children and young people is appropriately informed by needs analysis. A comprehensive review of available national and local data was used effectively to inform the CYPP at its earliest stages. This included extensive MORI research, an externally commissioned overview of qualitative and quantitative data, and work that pulled this together and consulted on emerging aims. This approach helped to achieve clear consensus among partners and other stakeholders. This analysis has recently been augmented by the Director of Public Health's "Assessment of Children's Needs in Surrey", which adds greater depth, for example in mapping health, attainment and deprivation data in order to target resources and services more effectively.

96. Prioritisation to improve outcomes for children and young people is adequate. However, detailed planning among partners to address the priorities detailed in the CYPP is incomplete especially in some services for vulnerable children and young people. Overall, priorities are set out in the CYPP with the needs and achievements of the most vulnerable prominent throughout. The partnership agreed 20 priority outcomes based on consultation. Long-term priorities and eight immediate priorities are clearly differentiated, and relate to the Every Child Matters outcome areas. Each partner's lead responsibilities are clear, appropriate and realistic, and important shared objectives for developing the partnership itself are included. Good ownership of CYPP priorities is evident in the council's decision in May 2007 to include as one of its four key priorities 'ensuring that looked after children grow up better equipped for life, including through education', and as a result increasing its annual budget for looked after children by £2 million.

97. There is a lack of explicit targets to address the needs of children and young people with learning difficulties and/or disabilities. The overall coordination of services managed by partnership members is underdeveloped, for example in safeguarding. The priorities set out in individual plans are insufficiently clear, as action plans are not always 'SMART'. The result is that while headline priorities are set, they are not clearly articulated at all management and staff levels of the partnership.

98. The overall capacity of the council and its partners is inadequate. Its leadership demonstrates a belated and incomplete response to some critical county-wide challenges. Partnership working is underdeveloped, particularly with health services. The overall pace of integrated working is slow. Joint commissioning is limited to areas such as CAMHS and there is no multi-agency preventative strategy in place. Important national targets are either not met or are at risk, such as the required timescales for implementation of the CAF, and targets for teenage pregnancy and mental health services. Partner relationships are improving, with effective leadership by the council Chief Executive in developing the new voluntary sector compact. However, this is at an early stage. Meanwhile the voluntary and community sector organisations report frustration that they are under pressure to provide increased services to children and young people with high-level need, without being sufficiently involved in service planning. Headteachers who responded to the school survey also showed a high level of dissatisfaction.

99. Value for money across the partnership is mixed, with significant negative impact for vulnerable children and young people due to reductions in, or delays in provision of, key services. This is particularly stark in health services, where important posts which support vulnerable children and young people have been cut. Value for money in children's services has been adversely affected by the PCT's poor financial position which, while steadily recovering, has been the focus of health management attention since the merger of five PCTs in October 2006. However, the partnership overall has not been able to collaborate to maintain or develop those services, for example by effective workforce planning. The council's children's services generally represent good value for money. However special educational needs spending is high. Also, the average costs of residential and fostering placements are higher in Surrey than in similar authorities, and increased by 21% in the last year, compared to an average rise of 7% across the Area Cost Adjusted group of councils. The Surrey agency placement budget is predicted to overspend by £1.5 million. However, the council as a whole demonstrates good financial management and has a long-standing track record of delivering value for money in its overall portfolio of services. By successfully tackling financial challenges, and exceeding its overall three-year efficiency targets by achieving £64 million in efficiency savings, the council has been able to contribute an additional £9 million to children's social care budgets in 2007-08. However, the council has been unable to accurately analyse its expenditure on community and voluntary sector services, and contracting arrangements with some local groups are inadequate.

100. Services for vulnerable children and young people are developing slowly and from a low base. The radical restructuring of council services in 2006 has impacted negatively on some important service developments, especially within children's social care. Although some managerial posts have been added, overall capacity has been too limited for an adequate pace of change. Some efforts have been made to improve recruitment and retention of social care staff, for example in recruiting social workers from abroad, but this has been insufficient to address gaps. A range of key health posts has been cut or held

vacant by the PCT, which has severely impacted on the partnership's ability to deliver services to vulnerable groups effectively. The partnership's workforce strategy is only at draft stage and, as a result, cannot demonstrate impact.

101. Efforts are being made to improve both capacity and delivery, but this is more evident at a strategic than operational level, which results in service inconsistencies. The partnership's county-wide governance structures are in place, and address both county-wide and area coordination. The new Children and Young People's Commissioning Partnership, Surrey Children's Trust, held its first meeting in November 2007. This partnership is supported by a number of county wide and area boards and groups, with appropriate representation from partner agencies. Cooperation between key agencies is supported by personal commitment and clear leadership from the Leader of the council and Chief Executive, and a Director of Public Health is a positive joint appointment between the council and PCT. Lead members for children and young people show very strong commitment, and work hard to champion their needs. As examples, they have promoted the Pushy Parents initiative; are taking time to understand and review the attainment of each looked after child; show personal commitment to safeguarding in Surrey's independent schools; and actively promote children and young people's needs with local committees. However, there is too limited involvement in the corporate parenting role among the wider group of elected councillors, and too little take-up of corporate parenting training.

102. Performance management is inadequate. Overall, the CYPP sets out the framework for county-wide performance management, with performance measures and targets included within it. While the county council's corporate performance and business planning framework is strong, this is yet to be embedded in services for children and young people. Good work by the council Performance and Service Development Service has been effected to establish a clear performance management culture and structure. However, there is too little evidence of operational managers utilising the processes and data to inform and improve practice. Many managers demonstrate a lack of ownership of performance management processes and a lack of understanding of the importance of utilising management information and data in order to meet service and team targets. However, although too recent to demonstrate impact, an Outcomes Board has been set up with specific responsibility for the partnership's performance management and ensuring this information is used to improve commissioning. A well-established participation strategy sets out clear standards for listening to children and young people, and the partnership is developing a good reputation for this.

103. Despite the corporate improvement focus, and that within the Children and Young People's Commissioning Partnership, information about performance is not yet utilised robustly to manage and focus services. For example, processes to ensure safe staffing are inadequate across agencies, and performance indicators such as completion of assessments are based on inaccurate data. The performance indicators used are too focused on national

indicators, with local indicators at an early stage of development. Work is taking place to raise the profile of performance management and to provide appropriate training for relevant managers and staff. However, the embedding of a performance management culture is still at a very early stage.

104. Capacity to improve is inadequate. There is some recognition among the council and its partners that services need to improve. Consequently, some important elements of corporate capacity are now in place to enable them to focus on agreed priorities. However the council's self-assessment contained inaccuracies and was over-optimistic in its evaluation of the quality of local services for children and young people. Political leadership is strong and the partnership is paying close attention to value for money. Some progress has been made, but from a very low base. The track record of improving outcomes for vulnerable children and young people, at the heart of the shared ambition, has been too slow to develop and to demonstrate urgency in delivering agreed priorities. There are key gaps in workforce development, and cuts in health service posts have impacted negatively on the outcomes for the most vulnerable children and young people. The partnership has not addressed this. Services are reactive rather than pro-active and there has been insufficient good leadership and collaboration between partners to ensure that services to the most vulnerable are securely in place and on a secure path to improvement.

105. Once the full detail of the findings of this inspection was shared with senior managers of the partnership and lead elected members, swift and robust action was taken by the Leader of the Council and Chief Executive in order to address the key management issues, and to put processes in place to improve services for vulnerable children and young people. Measures were introduced to ensure independent auditing of council processes and to further embed performance management systems in order to ensure close scrutiny of progress and pace of improvement. New procedures were put in place to ensure that data used to measure performance are accurate. The council and PCT are also addressing safe staffing processes.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN SURREY

Summary

Surrey County Council delivers services for children and young people at a good level in all but one aspect: the contribution to children's social care, with regard to staying safe, is adequate though there are signs of progress. The council is generally accurate in assessing the quality of its services and has made some improvements since the last annual assessment. The contribution the council makes towards improving outcomes for being healthy, enjoying and achieving, and achieving economic well-being all remain good. The council is strongly committed to embedding integrated services and improving outcomes for children and young people. The general management and capacity of the council's services to improve outcomes for children and young people are good.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3165&providerCategoryID=0&fileName=\\APA\\apa_2007_936.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Surrey are generally good. However, services are failing to close the gap between the outcomes of the most vulnerable and their peers. Universal health services are good, but there are significant weaknesses and inequalities in provision for vulnerable groups, in particular children and young people with learning difficulties and/or disabilities. The impact of the Teenage Pregnancy Strategy is inadequate. The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding is inadequate. Children and young people enjoy and achieve well. However, too many looked after young people who do well at Key Stage 3 do not progress to realise their potential at Key Stage 4. Opportunities for children and young people to make a positive contribution are good. Generally, outcomes in economic well-being are good, but there are significant weaknesses in enabling children and young people with learning difficulties and/or disabilities to be fully supported into independence, and, overall, the contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is inadequate.

2. Service management in Surrey is adequate. The council and its partners have established good ambitions for children and young people. Children and young people, and their parents and carers, have a strong voice in developing services. Prioritisation to improve outcomes for children and young people is adequate. The adoption of 'ensuring that looked after children grow up better equipped for life, including through education' as one of the council's four key priorities is positive. However, detailed planning and prioritisation among partners to address the priorities detailed in the CYPP is inconsistent, and progress is too slow. The overall capacity of the council and its partners is inadequate. Value for money across all agencies, while good in some areas, has been adversely affected by the PCT's poor financial viability. Performance management is inadequate, as, while performance management systems are being put in place appropriately, there is, as yet, no embedded performance management culture within operational children's services.

3. The combined work of all local services in securing the health of children and young people is good in universal services. However, there are significant weaknesses in services to the most vulnerable. The Surrey Teenage Pregnancy Strategy reflects current national guidance but lacks a local evidence-based focus, and its impact is inadequate to meet government targets for reducing teenage pregnancies. Services lack coordination and the capacity to ensure adequate improvement. There are significant numbers of teenage pregnancies of looked after young women. CAMHS are poorly coordinated, and difficult to access. A CAMHS Strategy is now in place, but is not yet implemented and therefore has not yet impacted on outcomes. Cuts in specialist therapy posts in

the PCT have severely affected access to services, and the partnership has not moved to resolve this.

4. The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding is inadequate. A too limited range of preventative services is failing to close the gap between the outcomes of most children and young people in Surrey and those who are the most vulnerable. Services for children and young people with high level need but who do not meet thresholds for child protection are not in place. Unclear referral pathways, high thresholds for access to services, poor quality assessments, and lack of achievement in completion of assessments within timescale in children's social care services seriously disadvantage children in need. There are inadequate arrangements to ensure safe staffing across a range of agencies.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. There is good attainment at all Key Stages, with improvements from an already high base in some aspects. In particular, the upward trend in GCSE results has been maintained, and has been faster than the national trend on some measures. The council recognises that more work is needed to reduce the relatively high number of exclusions. With regards to looked after children, there have been improvements, but more work is required to narrow the gap with their peers. Results from the Tellus2 survey show that, on the whole, children and young people in Surrey enjoy school and try their best.

6. The impact of all local services in helping children and young people to contribute to society is good. Children and young people are enabled to make their voices heard well, through a range of forums, and have been effective in contributing to service planning. For example, they have active involvement in the Corporate Parenting Steering Group, and have influenced the ways the meetings are held. Participation by looked after children in their statutory reviews has increased, and young people themselves have made a very good DVD explaining the care system for those entering care.

7. The impact of all local services in helping children and young people achieve economic well-being is good overall. The overall quality of early years provision is good. Inspection evidence confirms that there are some outstanding providers both in terms of school sixth forms and sixth form colleges. The proportion of young people who are not in education, employment or training at age 16–18 remains very low. However, there are significant weaknesses in enabling young people with learning difficulties and/or disabilities to be supported into independence. Some educational provision and housing arrangements for young people are of poor quality. Initiatives to improve these are too recent to measure their impact.

8. The capacity of council services to improve is inadequate. The council and its partners recognise the need to move forward to improve services to the most vulnerable, and some important elements of corporate capacity are in

place to enable them to focus on agreed priorities. Political leadership is strong and the partnership pays close attention to value for money. Progress has been made in some services from a very low base, and needs analysis is improving, with structures in place to use this information to reshape service delivery. However, the track record of benefits to vulnerable children and young people, at the heart of the shared ambition, has been too slow to develop and to demonstrate urgency in delivering agreed priorities.

9. Once the full detail of the findings of the Joint Area Review inspection was shared with senior managers of the partnership and lead elected members, swift and robust action was taken by the Leader of the Council and Chief Executive in order to address the key management issues, and to put processes in place to improve services for vulnerable children and young people. Measures were introduced to ensure independent auditing of council processes and to further embed performance management systems in order to ensure close scrutiny of progress and pace of improvement. New procedures were put in place to ensure that data used to measure performance are accurate. The council and PCT are also addressing safe staffing processes.

Annex D

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.

2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings plus aspects of the most recent Annual Performance Assessment are represented in the relevant part of the corporate assessment report.

3. This review describes the outcomes achieved by children and young people growing up in Surrey and evaluates the way local services, taken together, contribute to their well-being. Together with the Annual Performance Assessment of Children's Services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focussing on children with learning difficulties and/or disabilities, children who are looked after and children at risk or requiring safeguarding and a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.

4. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two week fieldwork stage (where inspectors met children and young people and those who deliver services for them).